

**EÖTVÖS LORÁNT UNIVERSITY BUDAPEST  
FACULTY OF HUMANITIES**

**PhD THESIS**

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**WITCHES, HEALERS, PHYSICIANS AND THE MIRACLE WORKING VIRGIN MARY**  
MEDICAL PLURALISM IN THE ATTRACTION AREA OF AN 18TH CENTURY MARIAN SHRINE IN THE  
SOUTH TRANSDANUBIAN REGION

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## *Aims and Methods*

The aim of my thesis is to present the various forms of medicine from the patients' and the healers' views by combining the approaches of medical anthropology, historical folkloristics and the history of mentalities. As the site of my inquiry, I have chosen the attraction area of Gyűd, an 18<sup>th</sup> century Marian shrine in the south Transdanubian region.

Accordingly, I will describe medical knowledge and its potential sources, the various types of practitioners ranging from lay people to clerics, from legitimate physicians to charlatans, from folk healers to learned medical generalists and specialists. I will classify the symptoms and illnesses, as well as the causation and the cures of the diseases. Since I put the emphasis on the sick people's and the healers' experiences, I adopt a medical anthropological approach established by Arthur Kleinman. From this point of view the so called *illness narrative* told by the sick person himself on his own sufferings played a key role in the process of interpreting the state of illness. In my analysis the bewitchment-narratives found in the testimonies of the 18<sup>th</sup> century witch-trials and the miracle-accounts from the recently explored miracle books of the Gyűd shrine are both considered as illness narratives. Although these multi-authored and multivocal texts were preserved in written form, at the same time they still bear the imprint of their original orality.

Revealing the connections between witchcraft accusations and healing was one of the main objectives of Hungarian witchcraft historiography already at the beginning of modern source publications. In my investigation I intend to follow this direction, thus I concentrate on the actors of the healing process. In the analysis of the Gyűd miracle accounts I rely on the achievements of both the Hungarian and the international research of medieval miracle accounts on the one hand, while, on the other hand, I also consider the latest outcomes of Hungarian research on the miracle-collections connected to baroque Marian devotion.

It follows from the above that the main purpose of my study is to explore the medical systems co-existing in the 18<sup>th</sup> century region around the Gyűd shrine. The sources I consulted, that is the witch-trial records and the miracle collections are not only complementary, but also interconnected at many points as well, therefore they are able to represent some of the medical systems, in a broad sense at least. They also illustrate the imaginary (and sometimes even the real) medical marketplace where the various therapies and remedies appeared together with the different healers of diverse origins and knowledge as the multi-coloured spectrum of medical services.

This multifarious environment, where the various medical systems conflate, is characterized in medical anthropology by the notion of medical pluralism. In historical research David Gentilcore applied this model for the first time, when he examined medical knowledge and medical care in the Kingdom of Naples in the early modern times. Nevertheless, due to the different historical situation of 18<sup>th</sup> century Hungary, where neither centrally organized health care system nor medical education or midwife training was established until the 1780's, witch-trial documents and miracle-collections proved insufficient sources of information on the broader contexts of medical knowledge, and on the legitimate and learned practice of medicine in particular. Consequently, the range of sources had to be extended. Thus, my analysis comprises 17<sup>th</sup> and 18<sup>th</sup> century (both printed and manuscript) medical and recipe books, surgical manuals, archival documents on plague epidemics, documents on health care from municipal and county medical archives, two sermon collections from the Siklós Franciscan convent and a manual of ceremonies from the library of the Gyűd house.

### ***The Structure of the Thesis***

The introductory sections, discussing the theoretical frames and the methodology for processing the source material, are followed by the detailed description of illness notions in the witch-trials, of the alleged methods of the witches' harms (ranging from bewitchment sent from the distance through pressing at night to extracting the victim's bones), of the symptoms of bewitchment (from tertian fever to mental disturbances), of the dangerous periods of the life cycle (such as birth, marriage and death), and finally of treating illnesses attributed to magical harm. The typology is constituted from the extended source material; I present every type of bewitchment and healing with the most characteristic excerpts from these texts. Finally, I complete all this with an overview of the different healers, both generists and specialists, and their varied practices.

In the second half of the thesis I examine, according to a similar pattern, the kinds of illnesses and the participants of the healings in the miracle accounts. I present the 18<sup>th</sup>-century formation of the cult of the Virgin of Gyűd, the ritual context of the miraculous healings recorded there, the forms of communication with the Virgin Mary. Relying upon the miracle accounts, I present here as well the symptoms of the different illnesses, the sacral remedies provided by the shrine from the Virgin to the professional physicians.

In both sections I illustrate the dynamic co-existence of the different medical systems and their interferences within the local communities by case studies based on the trial records and the miracle collections. These “thick descriptions” shed light on the changing attitudes towards illnesses and their cures in macrosocial crises situations, such as plague epidemics, witch-hunts and witch-panics, or the miraculous events surrounding the birth of Mary’s new cult site at Gyűd, furthermore in the times of individual or microsocial crises, such as serious accidents and disasters threatening human life.

## ***Results***

In my analysis I have presented the local medical markets by adopting the sick persons’ and the healers’ view, thus I started out from the illness narratives. I have examined them in order to explore medical knowledge and its potential sources, to classify illnesses, their explanations and cures, and then to enumerate the various types of healers.

### *Explanations of illness*

Based on their explanatory models, bewitchment narratives fell into two categories. The accusers’ narratives suggested that illnesses (or accidents) were due to the witches’ malevolence or their harmful acts. The accused ones refused the charges by arguments based on those possible illness-explanations which fell out of the territory of witch-beliefs and were accepted and shared by the members of the community.

One part of these alternative explanations also operated with supernatural actors, such as the supernatural beings of the local belief system (fairies), or the main figures of the Christian pantheon, like God, or the Devil. Occasionally, these interpretations were related to the sick persons’ norm-breaking behaviour or acts, for example transgressing the symbolic borders between the human and the supernatural worlds (staying or misbehaving at the places or times of the fairies earthly visits), or breaking the rules of Christian morals (committing sins).

A second part of potential illness explanations fell under the so-called naturalistic category, as they emphasized the natural causes. This view has been observed both in the victims’ and the witnesses’ testimonies, and also in the medical reports of the representatives of legitimate medicine, like barbers, barber-surgeons, and physicians.

I have come to the conclusion that the alternative explanatory models were applied in those cases when either the accusers or the accused doubted that the illness in question was due the witches’ harmful acts.

In the next section I have set up two typologies of the illness notions, one based on the bewitchment-narratives and another one drawn on the accounts on miraculous healing or escaping danger. In both source-groups illness-descriptions reflected the physical experiences of the sick person and also of his human environment (e.g. of the family, of the neighbourhood, etc.) The analysis of the bewitchment narratives has revealed that the supernatural explanations of illness emerged in two typical situations. Either in the cases of unexpected and drastic symptoms, or when the illness turned chronic and it seemed incurable. A further important observation has been, that the suspicion of bewitchment became the primary explanation of illness only in the atmosphere of witch-persecution, when it followed the particular logic of the accusations, namely *post hoc ergo propter hoc*.

It has also been observed, that accounts on miracle cures resembled to bewitchment narratives not only in the experiential character of illness notions, but also in presenting the same illness-situations. Namely, that the sick (or their relatives) resorted to the Virgin Mary either in the case of sudden symptoms, or when they had been suffering hopelessly for a long time. In an emergency, like accidents or natural disasters, people asked for heavenly rescue by praying to the Virgin Mary and God.

### *Miracle cures and the plague*

Epidemics, especially plague, stood out among illness categories in many respect. First of all due to the masses affected, since epidemics sweeping through large regions could clear away entire communities. Secondly, because prevention, defence and healing were carried out both individually and on a community scale at the same time.

Witchcraft-accusations could be suspended in times of epidemics, wars and natural disasters, and so it happened in our cases. The correlation between the intensity of witch-hunts and the spread (and then the withdrawal) of the plague has been clearly visible, when after the 1739-41 plague wave in the northern part of Tolna county a ferocious local witch-prosecution broke out. However, plague or any other epidemics were not even mentioned in the trial-documents either here, or anywhere else.

Unlike trial-records, miracle accounts preserved several reports on plague. The votive church at Gyűd keeps the memory of a miraculous recovery from the epidemic and miracles connected to plague greatly contributed to Gyűd becoming one of the most significant regional Marian shrines.

The Gyűd miracle accounts reflect the experience of the epidemic. The shocking snapshots told in few sentences are obviously based on personal involvement, and at the same

time they follow the genre's literary tradition, too. Furthermore, they have informed us on the various forms of communal devotion following the cessation of plague. These occasions were destined as public thanksgiving for the heavenly help, and, at the same time, people hoped that they would protect them from a new epidemic.

Miracle accounts about the plague, and sermons about it even more, have made it clear, that the epidemic was interpreted as God's warning or punishment, of which one could escape only by the intercession of divine helpers. The spread of the Virgin Mary's miracle working images and statues (such as the copies of the *Mariahilf* of Passau, for example) in 18<sup>th</sup> century Hungary, was an obvious evidence of this belief, as it has been seen on the example of the Pécs diocese. Furthermore, the epidemics contributed to the revival of the worship of medieval plague saints (St Sebastian and St Roch) and to the promotion of St Rosalia's post-Tridentine cult. The votive chapels and altars established after the plague and the so-called plague pillars and Holy Trinity monuments erected in the main squares of the towns reminded the communities of devote and virtuous life and ensured them of continuous and alert heavenly protection.

#### *On the structure of bewitchment narratives and miracle accounts*

The morphological analysis of bewitchment narratives and miracle accounts has provided insight into the mechanisms of witchcraft accusations and miracle belief. In both cases, the inquiry has been built on the actors, their acts and the relationship between them, and it has been centred around the medical practitioners. In the bewitchment narratives healers appeared in two oppositional roles, they were either the witches' enemies who identified and healed bewitchment, or they themselves were accused of witchcraft. The same person could fulfil both roles in one trial, as it depended on his / her own relationship with the accusers.

The cases, when someone who had not had any medical practice according to the trial-records took the role of the healer, deserve special attention. I call these accused "healing witches." Their accusation followed the particular logic of witchcraft belief, namely, that only the one, who had bewitched the sick person, could successfully heal him, so they were constrained to do so. Their therapy, just like the accusation itself, was fictive; it relied on the placebo effect. Since their curative methods consisted mostly of symbolic gestures and they also included healing from the distance, their healing activity was rather the symbolic restoration of magical harm. This type of healing was attributed only to the accused witches,

and it was distinguished from other forms of medicine: the magical, the sacred or the empirical one.

The central healer figure of the miracle accounts was the Virgin Mary of Gyúd, who was similar to the witches in one respect, namely that, endowed by divine power, she could also punish those people with illness who aggressed her or forgot due reverence. Nevertheless, she acted only once as a punishing saint: when the Rascian soldier wounded her statue and uttered blasphemous words.

Apart from the Virgin Mary, midwives, barbers and physicians are also mentioned as healers in the Gyúd miracle narratives (obviously they are all failed healers), just like the lay healers (family members, neighbours). Trained physicians and surgeons appeared sometimes also among the beneficiaries of the miracles (*miraculé*). As the Virgin Mary's healing power was considered invincible, she was not only more efficient than any earthly healer, but she could also successfully overcome any supernatural force that might have caused illness, such as the witches or the Devil himself. Catholic parish priests, Franciscan friars and Jesuit missionaries who carried out blessings and exorcisms appeared both in the miracle-collections and in the trial-records. However, their sacred medical activity had an intermediary character, as their healing force was believed to be not their own but of heavenly origin.

The morphological analysis of bewitchment narratives and miracle accounts provided further possibilities for comparison on the level of illness concepts and explanations. As for the miracle accounts, the dramatic high point of the narrative is the moment of the miracle: all events range around this. What these accounts intend to point out is, namely, not the responsibility for the state of the ill person but the success of the divine intervention. On the other hand, the apex of the bewitchment narratives is the identification of the person who caused the illness. According to the logic of the witchcraft belief the illness could only be healed, the damage could only be undone by the person who caused it.

### *The thaumaturgical field of force*

There is a further analogy between these two kinds of illness narratives in connection with the beneficial and the evil manifestations of the magic power. A typical motif of both the bewitchment narratives and the miracle accounts is that healing happens with the same instantaneous rapidity as previously the sudden arrival of illness had been. In the case of bewitchment narratives, this occurs generally so that the person accused of witchcraft, by his/her simple appearance or even from the distance, withdraws the magic force that had caused the illness (cf. the notion of "healing with" discussed above). In the case of miracle

accounts the same kind of quick spontaneous healing takes place when the sick person is taken near the shrine or if the illness or the grave injury simply disappears when a supplication or a vow is uttered and an offering is promised. The supplication and the vow in the miracle accounts is similar to the menace of the witch in the bewitchment narratives: in both cases we have to do with the demand and the constraint of a speech act which intends to provoke the possessor of the magical force to set it in motion.

I have also made a further observation in connection with the operation of the thaumaturgical field of force, when I examined whether certain characteristic illnesses or symptoms could be paired either the shrine miracles or with the distance miracles in Gyűd. As to the question where the healing power of the Virgin Mary of Gyűd was more efficient – at the shrine or in the homes of the supplicants – the answer was that this correlated rather with the logics of the emergency than with the types of the illnesses.

### *The medical marketplace*

One of the principal targets of my investigation was to present the local “marketplaces” of healing: who was treating what kind of illness, where and with which methods; and who were the patients. In the witch-trial documents, I could identify, based on their name and / or domicile, 54 persons, of whom it became evident that they practiced healing and sometimes other types of magical activities (such as soothsaying). 30 among them were accused of witchcraft in the courts. 30 further illness narratives mention healers who could not be identified by their names or domiciles. Among the 30 healers brought to court, none had a valid permit for healing practice, although some of them had previously studied theology or medicine, or even had a barber qualification. Beside the cunning folk named as *tudós*, *javas*, *orvos*, and beside the midwives we find among the healers several parish priests, a Calvinist pastor, Franciscan friars, two pilgrims, several barbers, a surgeon and even a spa-host. On the whole we can conclude that the accusation of witchcraft was a menace foremost to the “popular healers” who practiced their craft in an illegitimate way. In any case it is significant that from 54 healers that could be identified 24 were not accused of witchcraft – or if they were, there is no written trace of it.

In the miracle accounts of Gyűd the witnesses and the notaries never mentioned any “popular healer”. There is even a very rare mention of the urban midwives (*obstetrices*), only twice. At the same time physicians (*medici*) and surgeons (*chirurgi/Feldscherr*) are frequently mentioned, in a general way, without names. The miracle-accounts also speak of military physicians and surgeons (*regiminis medici*, *regiminis chirurgi*) and pharmacists



(*pharmacopolae*). It is legitimate to ask, what is the reason of such a frequent mentioning of the trained medical experts and the complete silence on popular healers. Examining the social background of the beneficiaries of the Gyűd shrine, we can find a majority of nobles, city dwellers, manorial employees, garrison soldiers. If in need, they tended to ask first for the services of barbers, paramedics, surgeons and physicians – and if that did not bring results, they turned to the Virgin.

As for the different therapies, cures and medicines, the testimonies of witch-trials provide detailed descriptions, while the miracle accounts only give a modest information. This difference derives from the nature of the sources, but it is worthwhile to note that on the cure provided by the learned medical experts – especially on the surgical interventions – the Gyűd miracle accounts are much more loquacious. This harmonizes with the previous observation that the miracle accounts mention almost exclusively trained medical experts while in the witch-trial documents the activity of “popular healers” was in the forefront, since they themselves were frequently among the accused.

The choice of the kind of cures and the type of medicine by the individual healers depended above all on the training, the knowledge and the authorization they possessed. Surgeons and barbers, according to the general regulations accepted in the age, were allowed to make only external treatment, they were not supposed to give internally effective medicine to the patients. In our sources the witnesses speak of cupping, phlebotomy, fomentation, patches, syrups and ointments – treatments surgeons and barbers of the age have employed all around Europe.

Overviewing the actors of the illnesses, the cures and the healings we can perceive three medical systems, or rather three spheres of medicine: popular medicine, ecclesiastical medicine and learned medicine. The ill persons and those who undertook their healing were circulating freely around the illness-interpretations, cures, medicines and healers of these different systems. Their choices were motivated by achieving healing at any price, since emergencies like a sudden accident or illness required quick and efficient solutions. I would summarize the basic characteristics of these three spheres of medicine in the following way:

1) The explanations on the causes of the illness in the popular and in the ecclesiastical medicine were clearly magical / religious. According to this the illness is a disaster coming from the world of the supernatural, either from evil beings (fairies, returning dead), or human beings with supernatural capacities (witches), or a warning or punishment from God or the Virgin Mary. On the other hand, in the interpretation of the learned medicine, illnesses had foremost “natural causes”: the imbalance of “bodily humours” (humoral pathology), bad air

(miasma), contagion, harmful environmental effects (catching cold), or physical injuries. But one should not forget that the representatives of learned medicine were thinking according to the Christian world-view themselves. They accepted that the almightiness of God can override the healing intentions of the physician, and the patient can die despite all the efforts of the doctor. This view was present in the manuals used by the barbers and surgeons, like in the several times mentioned *Manuale chirurgicum* written by Ferenc Miskóltzy, and the same message was formulated in the sermons of the Franciscan friar of Gyűd, Cirill Raus. And finally, we should not forget those physicians and surgeons, who turned for help to the Virgin of Gyűd after their own treatments failed, and recognized thus the superiority of the divine doctor.

2) The therapies applied were defined by the illness interpretations. The illnesses diagnosed to have originated from natural causes were treated in a natural way, relying on traditional experience. As for the illnesses explained by magical / religious concepts, it was understood that the disaster caused by the clash of the human world with the supernatural has to be resolved by the solution of this conflict. The witches were forced to restore the damage they had caused, that is they were constrained to heal. The healing paraphernalia of learned medicine was based on the empirical sphere and embraced a broad spectrum of mechanical interventions, plasters, poultice, ointments, bathing, phlebotomy, internally effective medicine and surgical operations. An important part of these cures was also resorted to by the “professional” folk healers, and many laypersons having only generic medical knowledge but constrained to act when in need.

3) Finally, if we classify the people dealing with healing according to their education, we could see that the professional training was limited to the sphere of learned and ecclesiastical medicine, and folk healers were uneducated laypersons. But there is an exception: Mihály Szvetics, this wandering healer and magician had priestly consecration of the lower level, and was apprentice for years at a physician in Venice. Finally, he did not obtain a qualification, and he could not find a position in an ecclesiastical hospital, this is why he acted as an itinerant doctor and a magician. Another example for an intermediate status is provided by the midwives of Zalaegerszeg, who worked with the approval of the Church and with official mandate in the town, but on the basis of the circle of their clientele they had a position also in the system of “popular medicine”.

These exceptions illustrate the same phenomenon that we could see also in the accounts on precise individual experiences of illness and healing: in reality the different medical systems were not separated very sharply from each other, the patients and the healers were

moving freely from one system to the other, as required by the individual situation. The ill wanted to heal by all means, and chose the most suited type of cure and the most promising type of therapist according to this. On this market regulated by the rules demand and offer the healers could decide themselves, according to which principles, concepts and beliefs they would formulate their actual diagnoses and which methods they would chose for cure.